



## Frozen Shoulder

### What is it?

The medical name for frozen shoulder is adhesive capsulitis. It is a condition that affects your ability to move your shoulder. It causes stiffness and pain in the shoulder joint, which reduces normal movement.

Frozen shoulder usually only affects one shoulder, although in approximately 1 in 5 cases the condition occurs in the other shoulder. The condition is uncommon in young people. Most cases occur in people between the ages of 40 and 60. Recovery can be slow and symptoms can last for two to three years, although for some people it is much faster than this.

### Symptoms?

You may find it hard to carry out everyday tasks such as dressing, driving and sleeping comfortably. Some people find they are unable to move the shoulder at all, hence the name, frozen shoulder. Symptoms of frozen shoulder are characterized by three stages, which are spread over a number of months or year. These stages are outlined below but there is a growing acceptance of defining the condition as being in a pain or stiffness predominant phases:

- **Stage one:** the shoulder starts to ache and feel stiff, before becoming painful. Pain is often worse at night and when you lie on the affected side. This stage lasts between two and nine months.
- **Stage two:** this is known as the adhesive stage. The shoulder typically becomes more and stiffer, although the pain does not normally get worse. The muscles may start to waste slightly as they are not being used. This stage lasts between four and twelve months.
- **Stage three:** this is the recovery stage in which you gradually regain movement of the shoulder. The pain also fades, although it may recur from time to time as the stiffness eases. Although you may not regain full movement of your shoulder, you will be able to do many more tasks. This stage lasts five to twelve months.

### What causes it?

The exact cause of frozen shoulder is not known, but it is thought that scar tissue and inflammation forms in the capsule of shoulder joint. This causes restricted and painful movements of the arm. It may occur after a minor shoulder injury or from heavy exercise, but sometimes there is no obvious cause.

Frozen shoulder is more common in women than men. This may be linked to hormonal changes, as it is particularly common around the time of the menopause.

Posture has also been linked to frozen shoulder. Some studies have shown that a consistently round-shouldered posture may cause a shortening in one of the shoulder ligaments. Long periods of immobility, such as following surgery or an arm injury, may cause the condition to develop.

People with other health conditions, including heart disease, lung disease, chronic bronchitis and diabetes may have an increased risk of developing frozen shoulder. Cardiovascular disease, Parkinson's disease, and an overactive thyroid gland (hyperthyroidism) are also linked to this condition.

### What can you do?

Treatment of frozen shoulder varies depending on the stage it is at, and how severe the pain and stiffness are. There is no outright cure, and the aim of treatment is to keep the joint as mobile as possible. The most effective treatment is that which maintains a good range of movement until the shoulder starts to heal. Treatment may include the following:

- **Shoulder exercises:** regular, gentle exercise can help the shoulder joint stay mobile. If your shoulder is very stiff, exercise may hurt, some pain is reasonable but please be guided by your GP. Continue using your shoulder as normal if you are able to. 'Saving' the shoulder can cause weakness and stiffness, 'Overdoing it' can increase pain strike a balance.
- **Painkillers:** over-the-counter painkillers such as paracetamol or prescription-only drugs such as codeine may be taken to ease pain and you should discuss this with your GP or pharmacist. Pain relief is very important to frozen shoulder
- **Anti-inflammatory** painkillers: such as ibuprofen and diclofenac, are often prescribed to ease pain and inflammation. Any medication that you take should be discussed with your GP or pharmacist.
- **Injections - Steroid** injections into or near the shoulder joint may be effective at relieving pain and inflammation for a few weeks. However, injections are not a cure, and symptoms may return. Injections of high volume saline are being used to stretch the taut capsule and this can help in alleviating the symptoms of frozen shoulder.

### Can you prevent it?

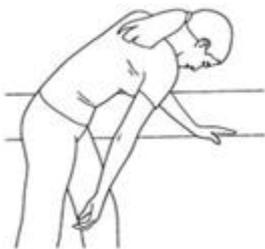
If you have pain in your shoulder that limits your range of movement, it is important to see your GP. Early treatment of frozen shoulder can help to prevent long-term stiffness in the joint although in some instances it simply takes time.

## Exercises:

- The following exercises have been provided as they may help your symptoms if done regularly.
- They are not appropriate for everyone and remember to commence these exercises at a manageable level.
- The recommended time, repetitions and frequency of each exercise are intended as a guide that you may need to modify.
- It is normal to experience some muscle fatigue and generalised muscle soreness when doing a new exercise but you should not experience severe pain or acute exacerbation of your symptoms whilst doing them and particularly not for a prolonged period of time after the exercises.
- If you are not managing consult your GP.

Repeat these exercises 2 – 3 times per day within your limits of pain. Choose 3 or 4 of the exercises below attempt to do 2 mobility and 2 strength exercises.

## Mobility

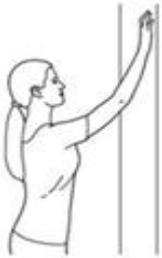


Stand leaning on a table with one hand.

Let your other arm hang relaxed straight down.

- Swing your arm forwards and backwards.
- Swing your arm left and then to your right.
- Swing your arm as if drawing a circle on the floor. Change direction.

Repeat 10 times in each direction.



Stand facing a wall.

'Walk' your fingers up the wall as high as possible. Reverse down in the same way, sometimes it is easier to push your arm down.

Repeat 10 times.

## Strength



Stand with your arm close to your side and your elbow at a right angle.

Push the palm of your hand against the other hand. Hold approx. 10 secs.  
Repeat 10 times.



Stand with your back against the wall. Keep your upper arm close to the side and elbow at a right angle.

Push the elbow back against the wall. Hold 10 seconds.

Repeat 10 times.



Stand facing a wall. Keep your upper arm close to the side with elbow at a right angle.

Push your fist against the wall. Hold for 10 seconds.

Repeat 10 times.



Stand with your upper arm close to your side, elbow at a right angle and the back of your hand against a wall.

Push the back of your hand against the wall. Hold approx. 10 secs.

Repeat 10 times.